ABSTRACT

AIMS AND OBJECTIVES:

1. To assess the site of obstruction of lacrimal passage.

2. To aid in the diagnosis and management of lacrimal passage pathology.

3. To reveal the anatomy of passage and the changes due to disease.

4. To aid in the diagnosis of diverticula, fistulae and filling defects caused by stones or tumours.

STUDY DESIGN: Prospective Observational Study.This study is to be conducted among 40 patients with Chronic Dacryocystitis attending our department as outpatient as well as inpatient the wards of our Govt. Rajaji Hospital, Madurai. A total of 40 patients attending as outpatient and in the wards of the Department of Ophthalmology, Govt. Rajaji Hospital, Madurai who satisfy the inclusion criteria .

STUDY PERIOD: 6 Months (April 2014 to September 2014)

INCLUSION CRITERIA:

1. Patients diagnosed with chronic dacryocystitis.

2. Recurrence of disease after surgery (Dacryocystectomy)

3. Age > 12 years & < 70 years.

EXCLUSION CRITERIA:

1. Pregnant Patients.

2. Patients not consenting for the study.

3. Hypertensive with BP > than 140 / 90 mm of Hg.

4. Age < 12 years & >70

5. Immunocompromised patients.

6. History of anaphylaxis.

7. Allergy to contrast drugs.

Preliminary ocular examination done to detect swelling in lacrimal sac area/ fistula, With Slit-lamp careful examination of patient's eyelids and then the lacrimal puncta are noticed. Then syringing performed with a 5-mL syringe and an irrigating cannula / 26-gauge blunt needle to flush saline via lower punctum which reveals complete/partial block involving the nasolacrimal duct / the lacrimal sac / atonic sac/fistula/residual sac.

After verbal consent from the patient, using standardized techniques dacryocystogram performed under topical anesthesia. Initial dacryocystogram was more reliable in demonstrating the anatomy of lacrimal passage and identifying the level, type of block, morphology of lacrimal sac ,associated findings and also etiological factor for epiphora can be diagnosed based on it. Hence enabling us to meticulously plan the treatment for chronic dacryocystitis, there by better outcome following surgery can be achieved without recurrence.

KEYWORDS

Dacryocystogram, Chronic dacryocystitis, acute dacryocystitis, lacrimal drainage system, Epiphora, Lacrimal sac, Nasolacrimal duct, Syringing, Omnipaque, Dacryocystorhinostomy, Dacryocystectomy